PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/865704

Fasch and Traisbellan Office (I.S. Digit ARTMENT FIRE OCMMERCE

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		_(Colu	(Column 2)		TYPE		OR	SMALL		
TOTAL CLAIMS						Γ	RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR.	BASIC FEE	740.00	
TC	TAL CHARGE	ABLE CLAIMS	Ca เกิเกิน5 20=		*			X\$ 9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	- m	inus 3 =	*			X42=		OR	X84=		
ΜĹ	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	L	TOTAL		OR	TOTAL		
									<u> </u>	<u>.</u>	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON.	Total	. 49	Minus	* 0	18	= 21		X\$ 2.		OR	X\$18=	37800	
AME	Independent	* 5	Minus	<u></u>				X42=		OR	X84=	84.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
							Δ.	TOTAL DDIT. FEE		OR	TOTAL ADE IT FEE	462-00	
		(Column 1)		(Colur	nn 2)	(Column 3)	, ,,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAIM	-		X42≃		OR	λ84=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM			+140=		OR	+280=		
							ا	TOTAL DDIT FEE		OR	TOTAL ADDIT FEE		
		(Column 1)	_	(Colun		(Column 3)	712			,	NOCH TEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		22		X\$ 9=		OR	X\$18=		
٩ME	Independent	*	Minus	***		=		X42=		OR	λ.84=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		 	+140=		İ	+280=		
• 1	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2. write	*O* in col	umn 3	L	TOTAL		OR	TOTAL		
***	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pak	ad For" IN THE	S SPACE is	s less tha	n 3, enter *3 *		DIT FEE			ADDIT FEE		

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Effective January 1, 2003

		LIICO	ivo danda	, ,								
		CLAIMS A	S FILED - PART I (Column 1) (Column 2)			ımn 2)	SMALI TYPE	SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS							RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	\$ 375	OR	BASIC FEE	\$ 750
TC	TAL CHARGEA	ABLE CLAIMS	minus 20=		*		X\$ 9)=		OR	X\$18=	
INE	DEPENDENT CL	_AIMS	minus 3 =		*		X42	=		OR.	X84=	
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT				+140)=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in (column 2	TOTA	۸L		OR	TOTAL	
	С	LAIMS AS A	AMENDED - PART II							•	OTHER	THAN
		(Column 1)		(Colur		(Column 3) SI		SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=	=	-	OR	>.\$18=	
AME	Independent	* NTATION OF MI	Miņus	***	CLAIM	=	X42=	=		OR	>.84=	
<u> </u>	FINOTENESE	INTATION OF MI	JETIPLE DEF	EINDENT	CLAIIVI		+140	=		OR	+280=	·
							TOT ADDIT. F			OR	TÖTAL ADDIT FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT. T			,	ADENTICE.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	EST BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X42=			OR	X84=	
L	TINST PAESE	NIATION OF MI		CINDEINT	CLAIN		+140:			OR	+280=	
							TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X42=	1		25	×84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			\dashv		AC.		\
•	If the entry in colo	mn 1 is less than th	ne entry in colu	imn 2. write	- 10° in co	lumn 3	+140=			OR	+280=	
**	If the "Highest Nu "If the "Highest Nu	mber Previously Printer Previously Printer Previously Panter Previously	aid For [*] IN THI aid For [*] IN THI	S SPACE IS	s less tha s less tha	in 20, enter *20 * an 3, enter *3.*	ADDIT. FI	EE L			TOTAL ADDIT FEE	
	THE HIGHEST NUM	ncer Presidusiv Pa	u mor clatalio	rindebende	enti is the	rnianest number.	ilicuna in the	app	opriate box		umn i	

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Effective October 1, 2000

01-149

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		SMALL ENTITY TYPE		OTHER OR SMALL			
ТО	TAL CLAIMS		28				RA	TE	FEE		RATE	FEE
FOR NUMBER FILE				ILED	NUMBI	ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 28 minus 20=					*	8	X\$	9=		OR	X\$18=	144
INDEPENDENT CLAIMS // minus 3 =					• /		X4	0=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							+13	35=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	TO			OR	TOTAL	934
	Cl	_AIMS AS A (Column 1)	MENDED	(Colu	mn 2)	(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	٠,
AME	Independent	*	Minus	***	T OLAU4	<u> </u>	X4	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT					CLAIM		+13	35=		OR	+270=	
							T ADDIT	OTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	אטטוו	:		•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	4 · ·	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	:
AME	Independent		Minus	***	T OL 444	=	X4	0=		OR	X80=	
L.	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+13	35=		OR	+270=	
							T ADDIT	OTAL FFF		OR	TOTAL ADDIT. FEE	
		(Column 1)	ımn 2)	(Column 3)		. 1 4.4		-				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	1
ME	Independent	•	Minus	•••	-	=	X4	0=		OR	X80=	
Ľ	FIRST PRESE	ENTATION OF M	IULTIPLE DE	PENDEN	IT CLAIM		+13	15-		OR	+270=	
	If the entry in colu	ımn 1 is less than	the entry in colu	ımn 2, wri	te "0" in co	olumn 3.	_ L _	OTAL		OR	TOTAL	
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											